

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 15-68  
30M REV 7-68

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
CERTIFICATE OF DEATH

1. DECEASED-NAME (Type or print) <b>Mary Elizabeth Davidson</b>			2a. DATE OF DEATH <b>July</b> Month <b>22</b> Day <b>1968</b> Year			2b. HOUR <b>M</b>			
3. SEX <b>Female</b>		4. RACE <b>Negro</b>		5. DATE OF BIRTH <b>4/8/1885</b>		6. AGE (In years last birthday) <b>83</b> YRS.		IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS. HOURS MIN	
7a. BIRTHPLACE (State or foreign country) <b>Maryland</b>		7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>Queen Anne</b> Md.			
10. CITY OR TOWN OF DEATH <b>Pond town</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>St. Anthonys Nursing Home</b>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Domestic</b>		12b. KIND OF BUSINESS OR INDUSTRY <b>None</b>			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>		13b. COUNTY <b>Talbot</b>		13c. CITY OR TOWN <b>Easton</b>		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER <b>Locust Street, Easton</b>	
14. FATHER'S NAME First Middle Last <b>Sam Henry</b>			15. MOTHER'S MAIDEN NAME First Middle Last <b>Eliza Barnett</b>						
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) <b>No</b>		16b. SOCIAL SECURITY NO. <b>217 30 8277</b>		17. INFORMANT Address <b>Ruth Startt 113 S. Aurora St. Maryland</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEART FAILURE</b> <b>4/20</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <b>443x</b> (b) <b>Bilateral Lower Leg Ulcers</b> DUE TO, OR AS A CONSEQUENCE OF (c) <b>Hypertensive Arteriosclerotic Cardiac D.</b> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs.</b>									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) <b>Chronic Lower Leg Thrombophlebitis</b>									
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)					
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)		21f. LOCATION Street or R.F.D. No. City or Town County State					
22a. I certify that (I) <del>(this hospital)</del> attended the deceased from <b>July 1965</b> , to <b>22 July, 1968</b> , that (I) <del>(we)</del> saw the deceased alive on <b>22 July 1968</b> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) <del>(we)</del> did (did not) view the body after death.									
22b. SIGNATURE <b>Richard Tyson, M.D.</b>				DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <b>7/24/68</b>			
22d. PHYSICIAN'S NAME (Type) <b>Richard Tyson, M.D.</b>				22e. ADDRESS <b>Glenwood Ave., Easton, Maryland</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/25/68</b>		23c. NAME OF CEMETERY OR CREMATORY <b>John Wesley</b>		23d. LOCATION (City or Town) (County) (State) <b>Chapel Talbot Maryland</b>			
24. FUNERAL DIRECTOR <b>Barbara L. Dashiell</b>				426 Dover St. Easton ADDRESS		25a. REC'D BY REGISTRAR DATE <b>JUL 25 1968</b>		25b. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

MEDICAL CERTIFICATION

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RECEIVED

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FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

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10579 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 2a, Film G403 7/23/68										10579									
MEDICAL EXAMINER'S CERTIFICATE OF DEATH																			
1. DECEASED-NAME (Type or Print) <i>Louis George Ganshaw</i>					2a. DATE KNOWN OF DEATH ESTIMATED <i>Unknown</i> 19 <i>19</i>					2b. HOUR M <i>M</i>									
3. SEX <i>Male</i>		4. RACE <i>White</i>		5. DATE OF BIRTH <i>12/5/1935</i>		6. AGE (In years last birthday) <i>32</i> YRS.		IF UNDER 1 YEAR MONTHS <i></i> DAYS <i></i>		IF UNDER 24 HRS HOURS <i></i> MIN. <i></i>		2c. DATE PRONOUNCED DEAD Month <i>July</i> Day <i>22</i> Year <i>1968</i>		2d. HOUR M <i>M</i>					
7a. BIRTHPLACE (State or foreign country) <i>N.Y.</i>			7b. CITIZEN OF WHAT COUNTRY? <i>USA</i>			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>			9. COUNTY OF DEATH <i>Queen Anne</i>					Md.					
1d. CITY OR TOWN OF DEATH <i>Queenstown</i>				11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)				12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired) <i>Manager Service Station</i>								12b. KIND OF BUSINESS OR INDUSTRY			
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) <i>Maryland</i>				13b. COUNTY <i>Queen Anne</i>				13c. CITY OR TOWN <i>Queenstown</i>		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER							
14. FATHER'S NAME First <i>Louis W.</i> Middle <i>Ganshaw</i> Last <i></i>					15. MOTHER'S MAIDEN NAME First <i>Mildred</i> Middle <i>Bodell</i> Last <i></i>														
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes 19 Oct 54 - 30 Dec 54</i>					16b. SOCIAL SECURITY NO. <i>066-30-3140</i>					17. INFORMANT <i>Louis W. Ganshaw, Easton, Md.</i>					ADDRESS				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gun shot wound of</i> <i>955 x</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <i>Head - Self Inflicted</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>Instant</i>										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>976 x</i>																			
19a. DATE OF OPERATION					19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?					2d. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>									
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH					21b. TIME OF INJURY Month, Day, Year HOUR A.M. <i>P.M.</i> <i>July 22 1968</i>					21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>Shot self in head</i>									
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <i>Home</i>					21f. LOCATION Street or R.F.D. No. City or Town County State <i>Route 30 Am. c. station QA Md</i>									
22a. I certify that I took charge of the remains described above, held on Autopsy <input checked="" type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>																			
ACTUAL SIGNATURE <i>C. R. Layton</i>					CHIEF MEDICAL EXAMINER <input type="checkbox"/>					22b. DATE SIGNED <i>July 24, 1968</i>									
EXAMINER'S NAME (Type) <i>C. R. Layton MD</i>					ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>					DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>									
					ADDRESS (Street, city, town, or county) <i>Centerville B&amp;M</i>														
23a. BURIAL, CREMATION, REMOVAL <i>Burial</i>					23b. DATE <i>7/25/1968</i>					23c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Memorial Park</i>					23d. LOCATION (City or Town) (County) (State) <i>Easton, Md.</i>				
24. FUNERAL DIRECTOR <i>MURPHY E. NEUNAM &amp; SON, Easton, Md.</i>					ADDRESS					25a. REC'D BY REGISTRAR DATE <i>JUL 26 1968</i>					25b. REGISTRAR'S SIGNATURE <i>J. Charles Judge</i>				

UNITED STATES CUSTOMS AND BORDER PROTECTION

Form 100

DATE OF ENTRY

PORT OF ENTRY

NAME OF VESSEL

NAME OF CAPTAIN

NAME OF MASTER

NAME OF VESSEL

NAME OF CAPTAIN

NAME OF VESSEL

NAME OF VESSEL

NAME OF VESSEL

NAME OF VESSEL

NAME OF VESSEL

NAME OF VESSEL

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NAME OF VESSEL

NAME OF VESSEL

NAME OF VESSEL

NAME OF VESSEL

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VR A15ME (5)  
10M REV. 1/68

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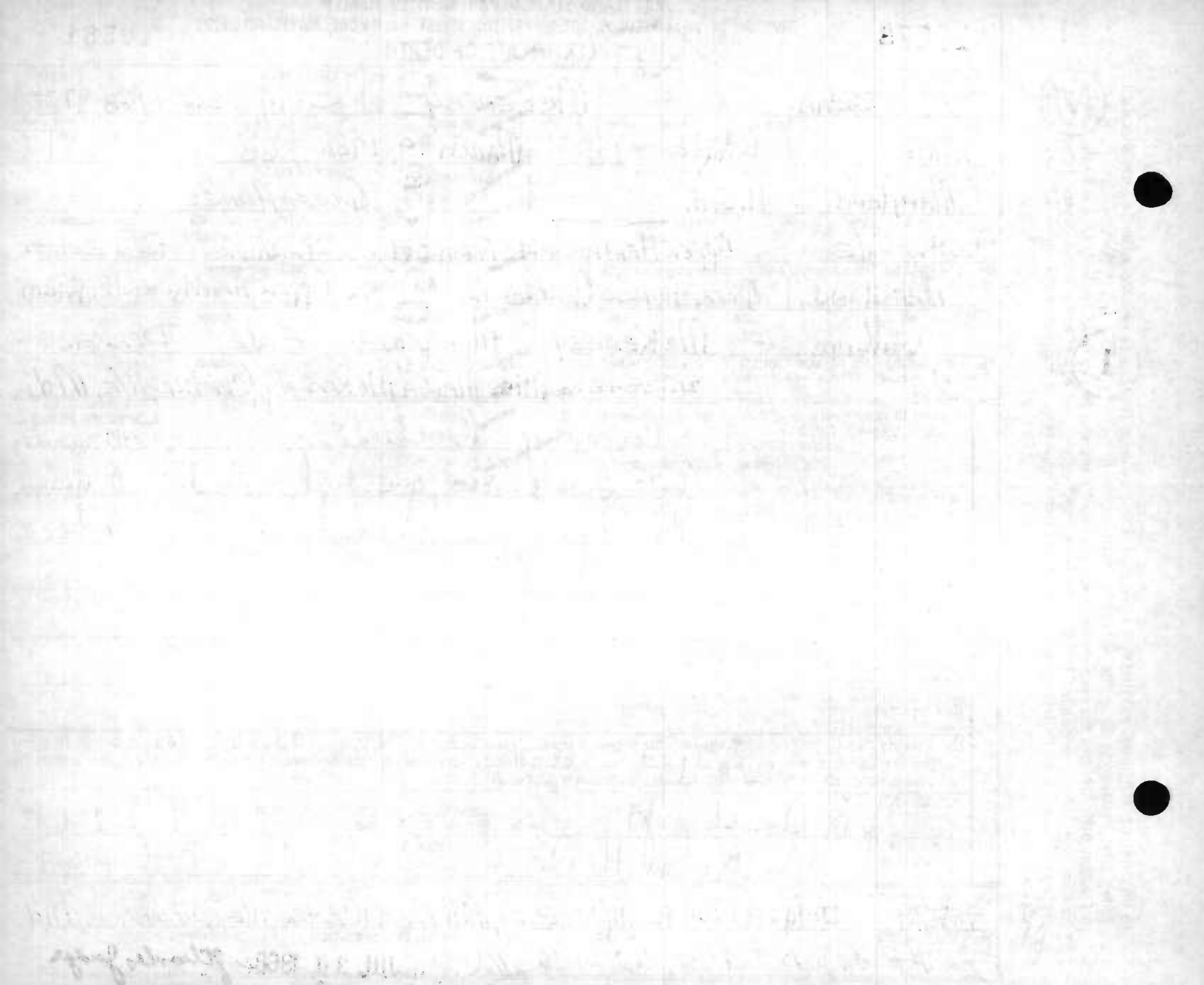
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1. DECEASED-NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
John				McKENNEY	July 26, 1968	7:40 A
3. SEX	4. RACE	5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	
Male	White	March 19, 1900		68 YRS.	IF UNDER 24 HRS. HOURS MIN.	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH		
Maryland	U.S.A.			Queen Anne's Md.		
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b. KIND OF BUSINESS OR INDUSTRY	
Centreville	Upper Heathworth Farm		BROKER - FARMER		REAL ESTATE	
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)	13b. COUNTY	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER		
Maryland	Queen Anne's	Centreville		Upper Heathworth Farm		
14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S MAIDEN NAME		
William			McKENNEY	Margaret Erle Deaver		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) (If yes give war or dates of service)		16b. SOCIAL SECURITY NO.		17. INFORMANT		
No		215-38-1816		Sister Miss Maria McKenney, Centreville, Md.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:						
IMMEDIATE CAUSE (a) 4109 Coronary Occlusion						30 minutes
DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerosis, generalized moderate						3 years
DUE TO, OR AS A CONSEQUENCE OF (c) Non specific Prostatitis						6 mos.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)						
4201						
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)		
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State		
22a. I certify that (I) (this hospital) attended the deceased from Jan. 1, 1964, to July 26, 1968, that (I) (we) last saw the deceased alive on July 24, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.						
22b. SIGNATURE J. R. Smith, Jr.				22c. DATE SIGNED 7-27-68		
22d. PHYSICIAN'S NAME (Type) John R. Smith, Jr.				22e. ADDRESS Centreville, Md. 21617		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 28, 1968		23c. NAME OF CEMETERY OR CREMATORY Family Cemetery, Mill Farm		23d. LOCATION (City or Town) (County) (State) Centreville Queen Anne's, Md.
24. FUNERAL DIRECTOR Smith, Barting, Barton Bros, Centreville, Md.				25a. REC'D BY REGISTRAR		25b. REGISTRAR'S SIGNATURE Charles Judge
				DATE JUL 30 1968		



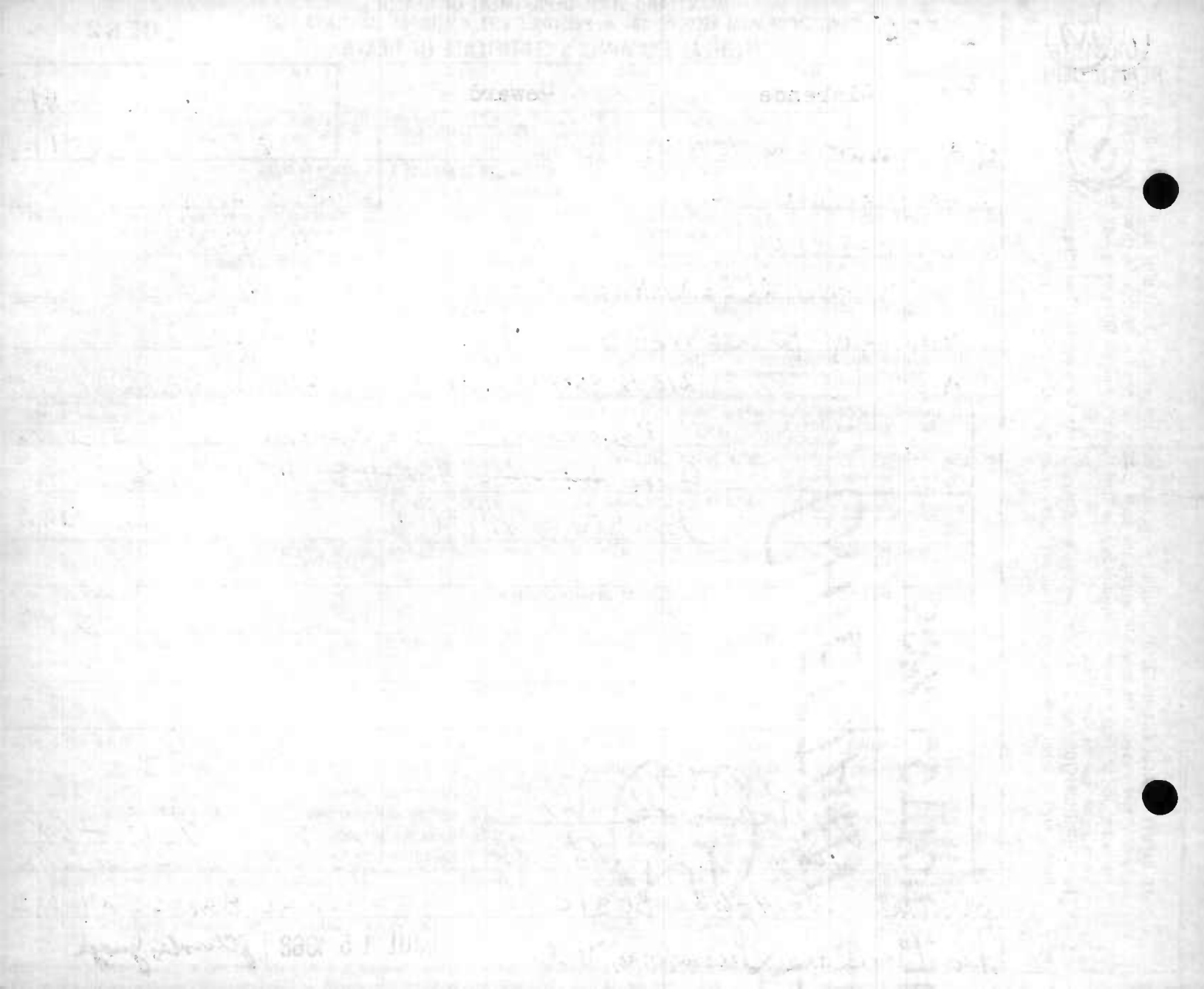


FOR STATE  
HEALTH DEPT.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201									
10574									
MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
1. DECEASED-NAME (Type or Print) First Middle Last Clarence D. Seward									
2a. DATE KNOWN OF DEATH <input type="checkbox"/> Month Day Year ESTIMATED <input type="checkbox"/> 7 12 1968									
2b. HOUR 1:15 PM									
3. SEX MALE 4. RACE WHITE 5. DATE OF BIRTH 6-25-1898 6. AGE (In years last birthday) 70 YRS.									
IF UNDER 1 YEAR MONTHS DAYS IF UNDER 24 HRS HOURS MIN.									
7c. DATE PRONOUNCED DEAD Month 7 Day 12 Year 1968									
2d. HOUR 1 PM									
7a. BIRTHPLACE (State or foreign country) MARYLAND 7b. CITIZEN OF WHAT COUNTRY? U.S.A.									
8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 9. COUNTY OF DEATH QUEEN ANNE Md.									
10. CITY OR TOWN OF DEATH RURAL BARCLAY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) NONE									
12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) WELL DRIVER 12b. KIND OF BUSINESS OR INDUSTRY									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY QUEEN ANNE 13c. CITY OR TOWN BARCLAY 13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 13e. STREET AND NUMBER NONE									
14. FATHER'S NAME First Middle Last WILLIAM B. SEWARD 15. MOTHER'S MAIDEN NAME First Middle Last ALICE M. WALLS									
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) NO (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 213-16-8601 17. INFORMANT ADDRESS MARY E. SEWARD BARCLAY MD									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)									
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2509 Coronary Occlusion									
DUE TO, OR AS A CONSEQUENCE OF (b) Atherosclerotic - Hypertensive Heart Dis Known 3 mos									
DUE TO, OR AS A CONSEQUENCE OF (c) Diabetes Mellitus Known 3 mos									
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 260X									
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>									
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)									
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County State									
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE J. R. Smith, Jr. M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>									
EXAMINER'S NAME (Type) John R. Smith, Jr. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>									
DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> ADDRESS (Street, city, town, or county) Centerville, PA, MD 22b. DATE SIGNED 7-12-68									
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7-14-68 23c. NAME OF CEMETERY OR CREMATORY BUSIC 23d. LOCATION (City or Town) (County) (State) RURAL BARCLAY MD									
24. FUNERAL DIRECTOR J. E. Barclay, Inc. ADDRESS 25a. REC'D BY REGISTRAR JUL 15 1968 25b. REGISTRAR'S SIGNATURE J. Charles Judge									



FOR STATE  
HEALTH DEPT.

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MEDICAL CERTIFICATION

10575 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										10583	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or Print)			First Middle Last <i>John Richard Walbert</i>			2a. DATE KNOWN OF DEATH Month Day Year <i>July 27 1967</i>			2b. HOUR <i>6:15 PM</i>		
3. SEX <i>Male</i>	4. RACE <i>White</i>	5. DATE OF BIRTH <i>Sept. 25, 1963</i>	6. AGE (In years last birthday) <i>4</i> YRS.	IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.		2c. DATE PRONOUNCED DEAD Month Day Year <i>July 28 1967</i>			2d. HOUR <i>3:15 PM</i>		
7a. BIRTHPLACE (State or foreign country) <i>Maryland</i>		7b. CITIZEN OF WHAT COUNTRY? <i>USA</i>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <i>Queen Anne</i>			Md.		
10. CITY OR TOWN OF DEATH <i>Stevensville</i>			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <i>xx</i>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <i>None</i>			12b. KIND OF BUSINESS OR INDUSTRY <i>xx</i>		
13a. USUAL RESIDENCE (Where deceased lived, if admission) STATE <i>Maryland</i>			13b. COUNTY <i>Queen Anne</i>			13c. CITY OR TOWN <i>Stevensville</i>			13d. INSIDE CITY LIMITS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
14. FATHER'S NAME First Middle Last <i>Joseph J. Walbert Jr.</i>			15. MOTHER'S MAIDEN NAME First Middle Last <i>Patricia Ewing</i>			17. INFORMANT <i>Joseph J. Walbert--Stevensville, Maryland</i>			ADDRESS		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>			16b. SOCIAL SECURITY NO. <i>xx</i>			17. INFORMANT <i>Joseph J. Walbert--Stevensville, Maryland</i>			ADDRESS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxia by Drowning</i> <i>8300</i> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>10-15 min</i>											
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>850X</i>											
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21b. TIME OF INJURY Month, Day, Year HOUR MIN. P.M. <i>July 27 1967</i>				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <i>Boat Tipped over, Separated from Person</i>			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <i>Shipping Creek</i>				21f. LOCATION Street or R.F.D. No. City or Town County State <i>Rural 1 Stevensville Queen Anne's Md</i>			
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
ACTUAL SIGNATURE <i>C. Rodney Layton</i>				CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				22b. DATE SIGNED <i>July 28, 1967</i> <i>Centerville, Md.</i>			
EXAMINER'S NAME (Type) <i>C. Rodney Layton</i>				ADDRESS (Street, city, town, or county)							
23a. BURIAL, CREMATION, REMOVAL, SPECIFY <i>Burial</i>				23b. DATE <i>July 31</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Stevensville</i>				23d. LOCATION (City or Town) (County) (State) <i>Stevensville, Maryland</i>	
24. FUNERAL DIRECTOR <i>Edgar L. Lane</i>						ADDRESS <i>Church Hill, Maryland</i>					
25a. REC'D BY REGISTRAR DATE <i>AUG 2 1968</i>						25b. REGISTRAR'S SIGNATURE <i>Charles Judge</i>					

THE  
UNITED STATES  
NAVY  
OFFICE OF THE  
CHIEF OF BUREAU  
NAVY  
WASHINGTON, D. C.

